How to make a safe PACT

(Preferences and Advance decisions for Crisis or Compulsory Treatment)

Advance decision making in mental health contexts

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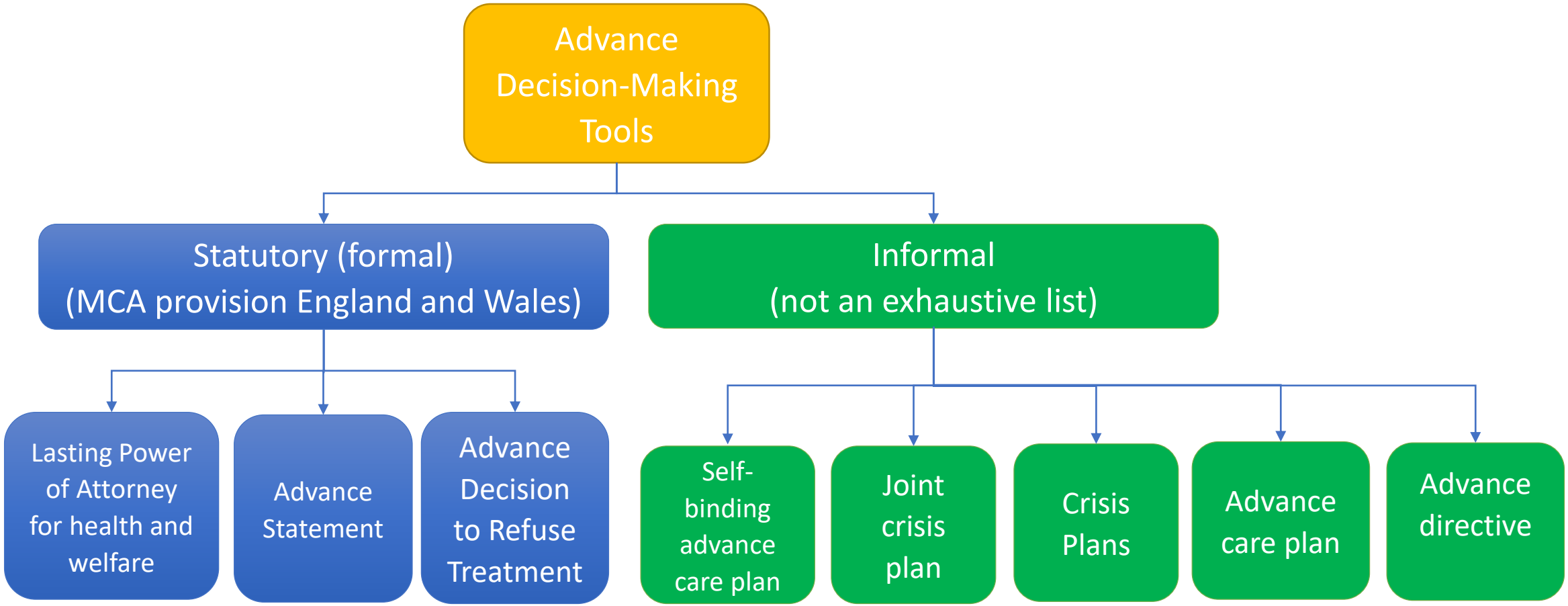
Current provision for advance decision making in mental health contexts



Why should we use advance decision making in mental health contexts?

Conceptual argument

- Ethically preferable
- Human rights issue
- Advantages of fluctuating capacity

Empirical evidence

- Evidence for service user demand
- Use of advance decision making tools may reduce compulsory treatment

Public interest concerns about advance decision making in mental health

1

Third party harm

2

Public cost

3

Insurmountable ethical controversy

Evidence addressing public interest concerns

- Total treatment refusal is rare
- Requests as well as specific refusals common
- Wish to collaborate with mental health services
- Motivated to increase involvement in decision making

What kind of advance decision making tool do people with Bipolar want?

What kind of advance decision making tool do stakeholders want?: Results of a focus group study

- Co-produced
- Taken seriously
- Makes use of their expertise
- Personalised
- Accessible
- Allows requests for future compulsory treatment

the self-binding aspect, it would be very helpful for me, because I mentioned …taking Olanzapine and being sort of ok about that in a crisis. But I know that if I've gone beyond the sort of initial stages, I would refuse Olanzapine because …I open up that leaflet and it says one of the side effects… 'sudden unexplained death'….and it totally freaks me out, and I also think everyone doesn't have my best interests at heart….so …self-binding for me would be very useful. (Service User)

Desired outcomes from advance decision making

Therapeutic process

Rapid access to services

Improved communication

Informing medico-legal decision making

Informing risk thresholds

if there was a crisis coming up and as a team we were aware….the person who'd …co-produced it with them would be able to get that document and….. by sitting down and saying … "You've identified these markers, these early warning signs", and because each page was signed, as well, by the staff member and service user then it was….it was helpful for individuals to realise that something that they'd said earlier and came from them (AMHP)

We as a family have to try….when they come to assessments, it's awful but you have to try and like probe out the psychosis talk, just so they see that he's unwell, otherwise he can easily mask it. So whenever there's an assessment we have to…go along with his psychotic talking and try and talk about God… just so they can pinpoint and recognise the signs, otherwise he will go for months where…..not quite being sectionable but not being himself, which is very draining and hard. (Family member)

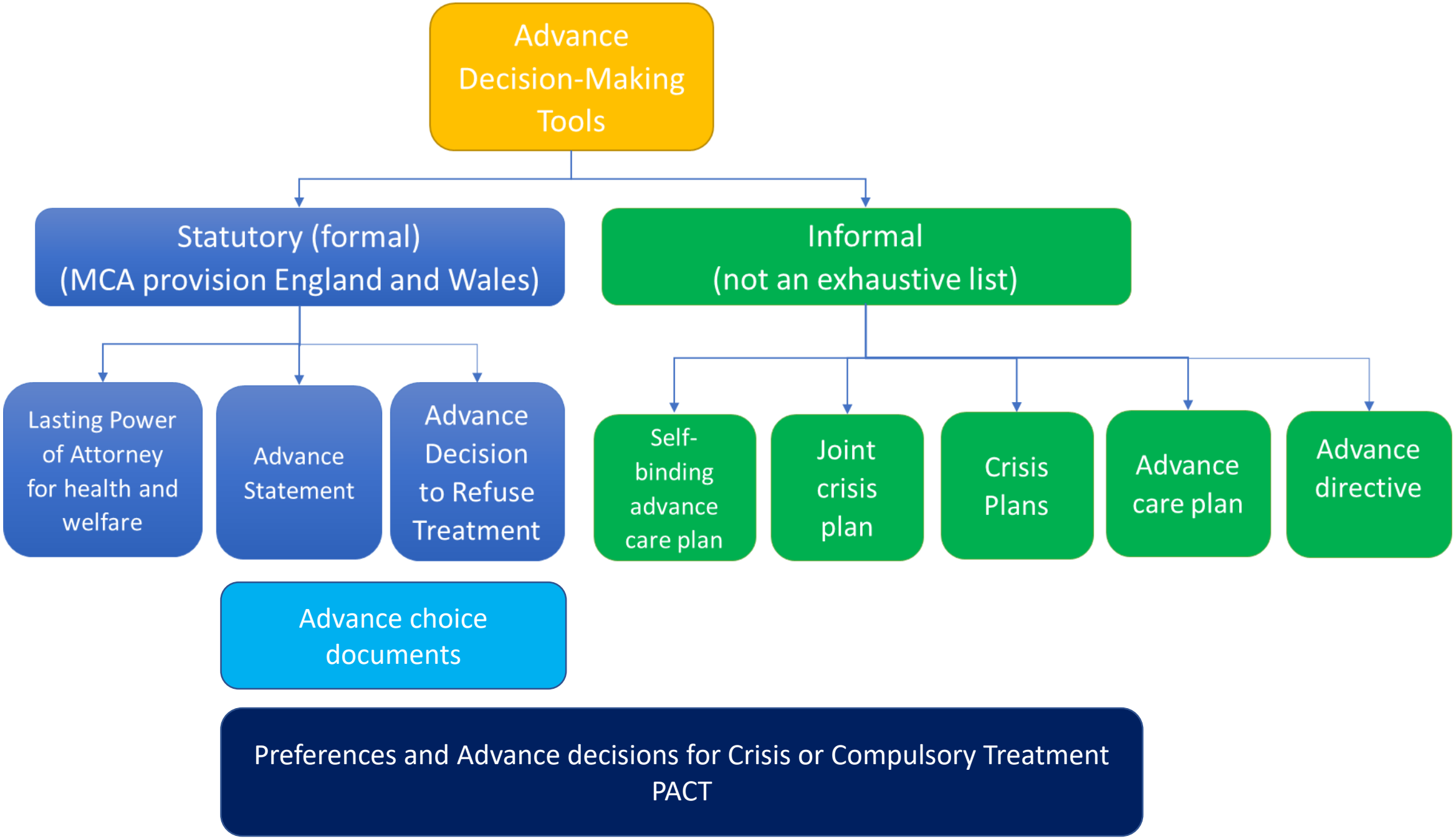
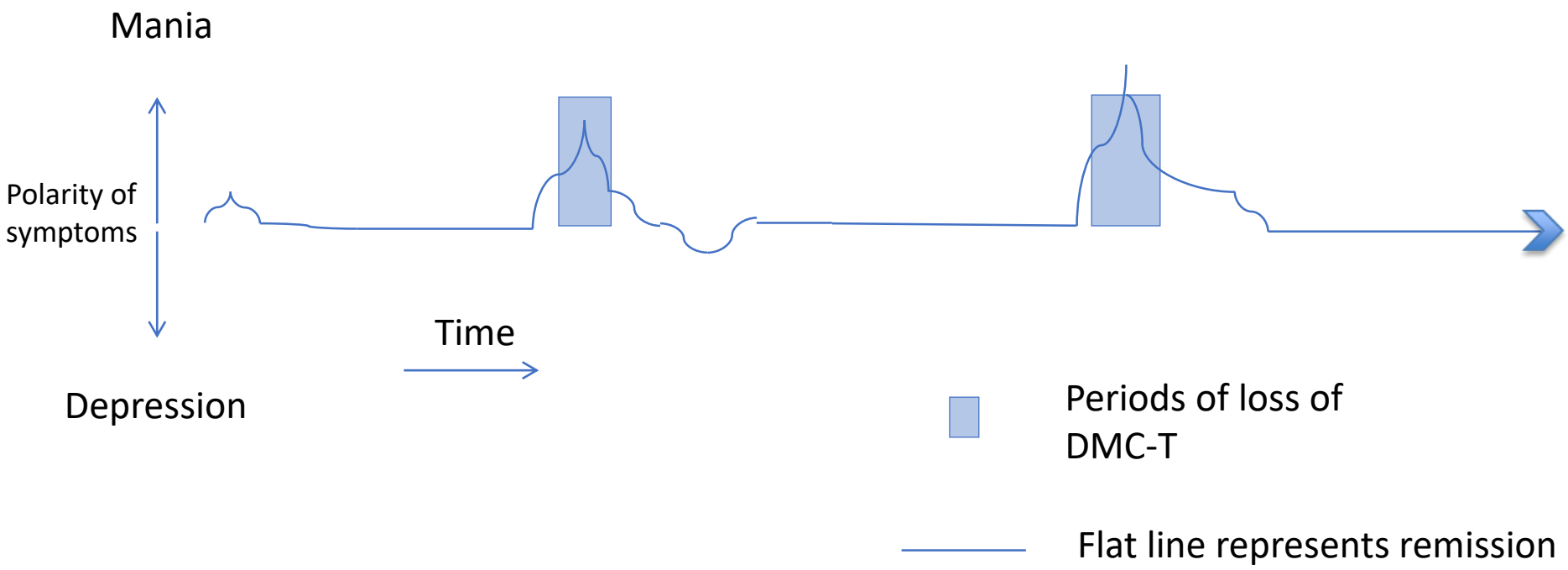

Advance Decision-Making Tools
Statutory (formal) (MCA provision England and Wales)
Informal (not an exhaustive list)
Lasting Power of Attorney for health and welfare
Advance Statement
Advance Decision to Refuse Treatment
Self-binding advance care plan
Joint crisis plan
Crisis Plans
Advance care plan
Advance directive
Advance choice documents
Preferences and Advance decisions for Crisis or Compulsory Treatment PACT

Figure 1 – relationship between symptoms and DMC-T in Bipolar Disorder*



* Excludes severe depressive episodes

Questions, comments….

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- @MHealthJustice
- https://mhj.org.uk/workstreams/3-advance-directives/

Summary of PACT for Bipolar: For use in a Mental Health Crisis

Name: .....

This document is designed to help health professionals provide me with care during a mental health crisis. It is a co-production with my clinicians and trusted others.

It constitutes an Advance Statement of Wishes and Feelings and may contain legally binding Advance Decisions to refuse certain medical treatments (within the meaning of the Mental Capacity Act 2005). I am aware there may be circumstances in which these plans are not adhered to but it is expected that professionals who depart from them provide adequate documentation of their reasons for doing so.

I am willing for this information to be available on my confidential clinical care records and accessible to all professionals involved in my care.

Key risks I would like to avoid (for more detail see Section 4, page xx)
Key signs that I have lost the capacity to make decisions about admission to hospital and treatment (for more detail see Section 5, page xx)
Key signs that I require a Mental Health Act Assessment and admission to hospital (for more detail see Section 6, page xx)
My Highest Priority Management/Treatment Recommendations (for more details see Section 7/8/9, page xx)
PACT Review Plan ..... (e.g. after a crisis, after a specified period of time. N.B. if this period has expired this document is still valid but care should be taken to ensure no more recent version is available)
Copies of this document are available in the following locations or with the following individuals:

CONFIDENTIAL
Preferences and Advance decisions for Crisis or Compulsory Treatment (PACT)

PACT for Bipolar: For use in a Mental Health Crisis

Name: .....

9. Treatment Preferences

Treatment preferences may fall into 3 categories:

1) Ideal, preferred, treatments
2) Acceptable, but not preferred, treatments
3) Treatments which are refused and should be avoided. These treatments could be specified in the box below as an Advance Decision to Refuse Treatment under the Mental Capacity Act

Treatment examples:

Medical Treatments e.g. medication, ECT

Non-medical Treatments e.g. talking therapies, occupational therapies

Wellness Practises e.g. Exercise, meditation, diet

Medical Treatment Preferences

Discussion ideas

I know a medicine is, overall, helpful/unhelpful for me when I feel…

If I were to ask someone I trust which medication has helped me get well quickly/stay well longest they would say…

For me, the most important side effects to avoid are…

If I am refusing medication and staff are thinking about giving me an injection I would like these things to be considered…

Answer ideas

I prefer to be offered tablet/liquid/injection/depot medication

I am willing to take some medications in the short term

I am willing to take this medication if it is given at this dose

Clinically Endorsed Medical Treatment Preferences

Endorsed by (clinician name, role and signature):

Endorsed by (service user, name and signature):

Advance Decisions Refusing Medical Treatments

I wish to refuse the following forms of medical treatment (i.e. medication, ECT) for the reasons specified below. This is an advance decision within the meaning of the Mental Capacity Act. I recognise that this advance decision may not be followed if I am receiving treatment under the Mental Health Act.

Endorsed by (service user name and signature):

Endorsed by (clinician name and signature):

Preferences for Non-Medical Treatments and Wellness Practises

Discussion ideas:

I have felt at my healthiest when I…

Answer ideas:

Talking therapies e.g. psychology, group therapy

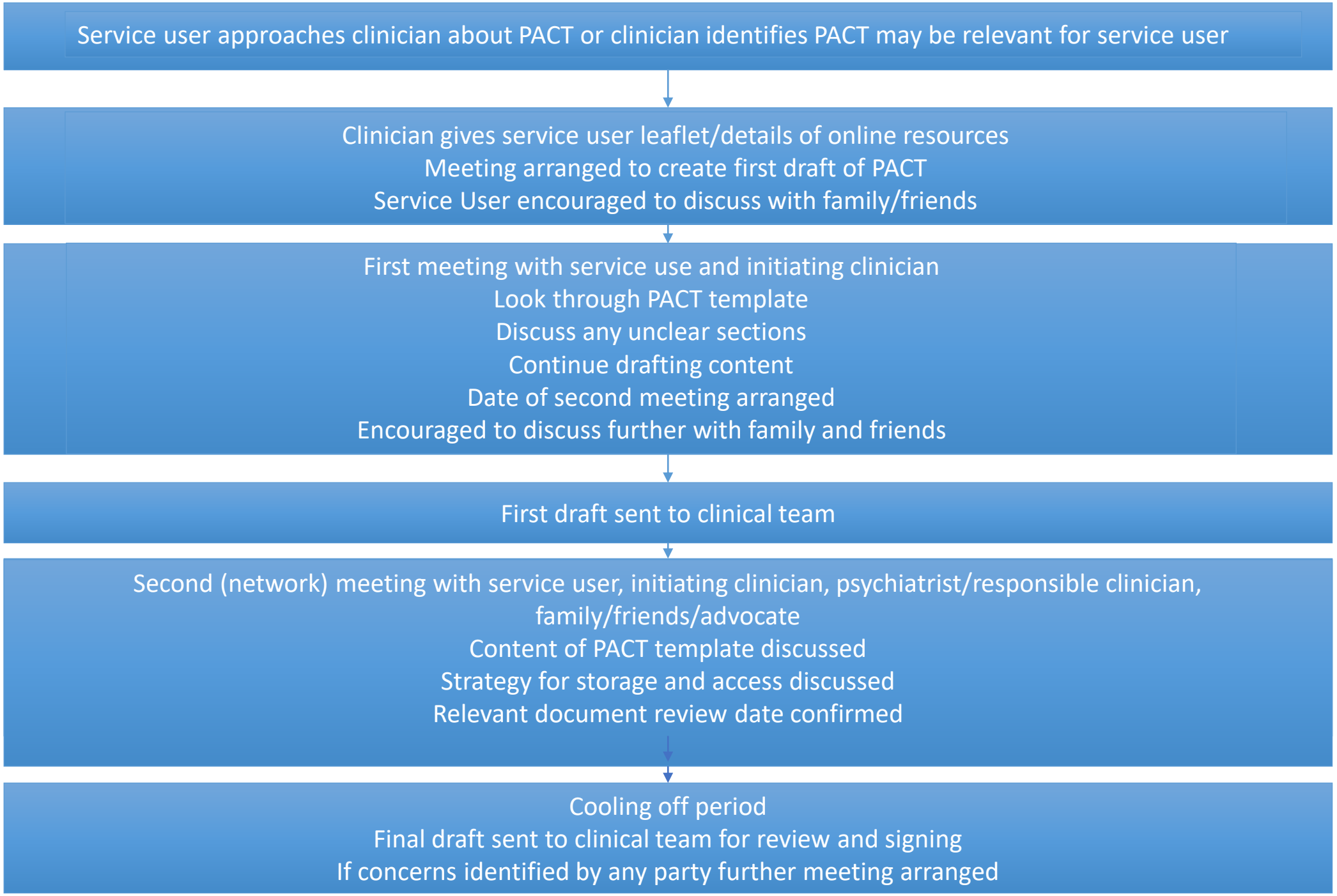
Occupational therapy

Ward activities

Exercise/Being outside/yoga/meditation/creative activities/diet

Endorsed by (service user name and signature):

Endorsed by (clinician name and signature):


Service user approaches clinician about PACT or clinician identifies PACT may be relevant for service user
Clinician gives service user leaflet/details of online resources
Meeting arranged to create first draft of PACT
Service User encouraged to discuss with family/friends
First meeting with service use and initiating clinician
Look through PACT template
Discuss any unclear sections
Continue drafting content
Date of second meeting arranged
Encouraged to discuss further with family and friends
First draft sent to clinical team
Second (network) meeting with service user, initiating clinician, psychiatrist/responsible clinician, family/friends/advocate
Content of PACT template discussed
Strategy for storage and access discussed
Relevant document review date confirmed
Cooling off period
Final draft sent to clinical team for review and signing
If concerns identified by any party further meeting arranged

Currently available provision for formal mental health advance decision making under Mental Capacity Act

Advance Decision to Refuse Treatment (ADRT)	Can be used to refuse (not request) treatment but if it contains refusals of mental health treatment it becomes legally unrecognised if the individual is detained under the MHA.

Proposed provision for formal mental health advance decision making using Advance Choice Documents (ACDs)

ACD medical treatment refusal	Ideally, but not necessarily, produced with input from mental health services and 'authenticated' with an assessment of mental capacity document at the time the document is produced. Could be used to make advance refusals of medical treatment for mental disorder which would be respected if the individual is detained under the MHA unless: • No other clinically appropriate treatment and second opinion doctor is satisfied this is the case • Treatment is immediately necessary to prevent death/serious deterioration/violent behaviour/self-harm/serious suffering

Currently available provision for formal mental health advance decision making under Mental Capacity Act

Advance Statement (AS)	Can contain requests for and refusals of medical and non-medical care. It is not legally binding, but decision makers are required to give the statements particular weight if made with capacity, unless the individual is detained under the MHA

Proposed provision for formal mental health advance decision making using Advance Choice Documents (ACDs)

ACD treatment preferences	Ideally, but not necessarily, produced with input from mental health services and 'authenticated' with an assessment of mental capacity document at the time the document is produced. Could be used to state preferences and requests for medical and non-medical treatments. Not legally enforceable, but clinicians would be expected to demonstrate regard to preferences and mental health tribunals would have the ability to compare contents of the ACD with current care and treatment.

Currently available provision for formal mental health advance decision making under Mental Capacity Act

Lasting Power of Attorney (LPA) for Health and Welfare	Allows the individual to nominate a trusted other as an attorney and includes the ability to make explicit preferences (to be born in mind) and instructions (which the attorney must follow). But if the decision is related to treatment of mental disorder and the individual is detained under MHA the LPA is not recognised.

Proposed provision for formal mental health advance decision making using Advance Choice Documents (ACDs)

Nominated person (NP)	Key contact, nominated by service user, who should be informed of any plans to detain the service user. NPs should be involved in care planning and consulted on treatment/care decisions They have legally enforceable input but in limited areas, focussed on detention.